

## Commonwealth of Massachusetts

File with: Director Office of Campaign and Political Finance One Ashburton Place Boston, MA 02108 (617) 727-8352

CPF	ID#	

For Office Use

Reporting Period from:	10/1	10/1/2001 through		10/15/2001	
Date	Month Year			Date Month Year	
Name of Candidate/ Committee Robert F Good		win	The Bob Goodwi	n Committee	_
Office Sought:					_
Name of Bank:	Fleet	Nationa	al Bank		
Beginning Balance for Reportin	g Period	\$		\$1,821.94	<u>(1)</u>
Total Receipts in the Reporting	Period	s		\$0.00	(2)
Total Expenditures in the Reporting Period				\$0.00	(3)
Ending Balance for the Reportin	g Period	\$		\$1,821.94	(4)

I hereby declare that the information contained herein is true and correct to the best of my knowledge and belief

Signature of Cashier or Bank Treasurer

Denise O'Donnell

Name of Cashier of Bank Treasurer

(617) 533-4332

Telephone Number

CAMPAIGN & POLITICAL FINANCE

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## Form CPF D106: Receipts and Expenditures Report Report of Expenditures

Bank Use Only

Candidate Name:	Robert F Goodwin			
Committee Name:	The Bob Goodwin Committee			
Name of Bank:	Fleet National Bank			
Reporting Period:	10/1/2001	through	10/15/2001	
		1		

Instructions to Bank

1.The following forms have been provided for banks to fulfill the depository reporting requirements: CPF D105 Summary Sheets, to be completed and signed by the bank. CPF D 106 Contributions and Expenditures report, bank completes expenditures side only

2.To prepare the expenditures lists, the bank should first collect all checks presented for payment in the reporting period. They should then be sorted in alphabetical order. Checks should then be listed alphabetically, showing the date the check was paid, the payee's name and address, the purpose code number, the specific purpose and the amount. This information should be then from the front of the check, exactly as it was written by the committee. If any information is omitted from the check, the bank should place an asterisk (\*) in the appropriate column on this form.

3. Please also list any other expenditures made from this account, including wire transfers, bank charges and fees.

ChkPd:	Payee:	Address:	Code Specific Pup.	Amount:
			Cada Sacrific Dura	Amount:
	3. Meetings	6. Travel	9. Other	
	<ol><li>Newspaper</li></ol>	5. Office	<ol><li>Transfer of Funds</li></ol>	
	1. TV, Radio	4. Printing	7. Signs or Displays	
		Purposes of Payment		

\$0.00

Total Expenditures \$0.00

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